

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90110 001 ***306.25

DOCUMENT # N19715

1. Entity Name

THE MAGNOLIA GARDEN VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2417 SE 18TH CIRCLE
 OCALA FL 34471
 US

2417 SE 18TH CIRCLE
 OCALA FL 34471
 US

99000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2762267

Applied For

Not Applicable

Zip

Country

Zip

Country

5.- Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRYE, ELAINE
 2409 SE 18TH CIR
 OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	F	<input type="checkbox"/> Delete
NAME	FRYE, ELAINE	
STREET ADDRESS	2409 SE 18TH CIR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAUEY, NORMAN O.	
STREET ADDRESS	720 SW 17TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAUEY, DONALD P.	
STREET ADDRESS	720 SW 17TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MOLHAN, LOUIS D.	
STREET ADDRESS	2417 SE 18TH CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	PP	<input type="checkbox"/> Delete
NAME	CRIBB, ROBERT	
STREET ADDRESS	2445 SE 18TH CIRCLE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President Frye Elaine	
STREET ADDRESS	2409 SE 18 Circle	
CITY-ST-ZIP	Ocala Fl 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darnell Hicks	
STREET ADDRESS	431 S Pine st	
CITY-ST-ZIP	Ocala Fl 34470	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter M. Middleton	
STREET ADDRESS	2427 SE 18 Circle	
CITY-ST-ZIP	Ocala Fl 34471	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson White	
STREET ADDRESS	2431 SE 18 Circle	
CITY-ST-ZIP	Ocala Fl 34471	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Crubb Robert	
STREET ADDRESS	2445 SE 18 Circle	
CITY-ST-ZIP	Ocala Fl 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *A SIGNATURE REQUIRED*

9-12-02

CR2E037 (4/02)